

**DEPARTMENT OF HEALTH SERVICES**

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October 21, 1999

CHDP Program Letter No. 99-6

**TO:** Community Child Health and Disability Prevention (CHDP) Program Directors  
and Deputy Directors

**SUBJECT:** HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

The State Budget Act of 1999 appropriated state general funds to the Department of Social Services (DSS) to increase the use of public health nurses (PHNs) in meeting the health care needs of children in foster care. These funds are being transferred to the Department of Health Services (DHS), Children's Medical Services (CMS) Branch, and will be distributed through the Child Health and Disability Prevention (CHDP) program in the form of an augmentation to local CHDP program allocations. This letter includes the information and instructions for implementing the Health Care Program for Children in Foster Care at the local level. Included in this packet as enclosures are:

- a model Memorandum of Understanding (MOU), delineating the suggested areas of responsibility between the local Child Welfare Agency and the local CHDP Program (Enclosure 1)
- a Letter of Agreement (Enclosure 2) for the period January 1, 2000, through June 30, 2000
- a Scope of Work (Enclosure 3)
- an Allocation of State Dollars (Enclosure 4)
- Foster Care Public Health Nurse Budget Information and Staff Augmentation Guidelines (Enclosure 5)
- Baseline Staffing Assessment by Funding Source and Type of Activity (Enclosure 6)

These enclosures should be added to the CMS Branch Plan and Fiscal Guidelines Manual. Instructions for the location of the enclosures in the Plan and Fiscal Guidelines Manual are found on the Manual Revision Update Record sheet.

October 21, 1999

### MEMORADUM OF UNDERSTANDING

The model MOU outlines suggested responsibilities of the local child welfare agency, the local probation department, and the local CHDP Program (Enclosure 1). It will be included in a future mailing to program managers in child welfare service agencies and to Supervising Probation Officers. The signed and completed MOU is due on or before June 30, 2000. The Letter of Agreement (Enclosure 2) will serve as an interim MOU for the first six months of program implementation until the MOU is signed.

The Scope of Work (Enclosure 3) was developed as a guide for putting into operation those activities that would improve the health status of children in foster care. It reflects the principles outlined in the *California Statewide Guidelines for Public Health Nursing in Child Welfare Services* and distributed in CHDP Information Notice 99-E.

### FUNDING ALLOCATION

The funds for PHN staff to serve children in foster care are available January 1, 2000 through June 30, 2000. In subsequent years, funding will be increased to reflect a 12-month allocation. Enclosure 4 lists the allocation of these funds by local health department and reflects the total amount of State funds that can be used to obtain additional Medi-Cal Title XIX federal funds. These funds can be matched at an enhanced rate of 25/75 percent or at the nonenhanced rate at 50/50 percent based on the federal financial participation instructions in the CMS Plan and Fiscal Guidelines Manual, Section 10. Staff funded through this program will be required to account for their time through time study procedures outlined in Section 10.

CMS in collaboration with DSS developed the allocation methodology. Factors such as the number of children residing within and outside the boundaries of the supervising county and the number of children placed in zip codes corresponding to city health departments were carefully considered. The amount of state dollars for each local health department is the proportion of total dollars represented by the children under the supervision of each county and the number of children placed in that county from other counties. This approach recognizes that PHNs will be active in meeting the health care needs of children under the supervision of the county and in locating and coordinating services for children placed in the county from other counties. The allocation to the city health jurisdictions is based on children placed in the zip codes for those cities. The county allocation is adjusted accordingly.

The local health department CHDP program will be responsible for hiring, funding, and supervision of the PHNs providing services to children in foster care under this funding allocation. These PHNs will be physically located at local county welfare offices. This new allocation of funds is not to be used to supplant any PHN positions currently providing services children unless the PHN to child ratio is less than 1:200.

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To receive authorization to expend the allocation, each local CHDP Program must prepare and submit a separate budget package which includes a signed budget, duty statements, organizational charts, and a Letter of Agreement (Enclosure 2) signed by authorized staff from each agency. See budget instructions (Enclosure 5a) and a sample program duty statement (Enclosure 5b). The instructions follow the guidelines for all budgets in CMS programs. (Please refer to the CMS Plan and Fiscal Guidelines Manual, Section 7.)

The Baseline Staffing Assessment (Enclosure 6) includes information important for assessing current staffing patterns statewide. The use of PHNs in child welfare services agencies is already occurring in a variety of ways and this information will be used to assess how close local programs come to meeting the ideal ratio of 1 PHN per 200 children in foster care. Additional data collection tools will be made available to you before beginning program operations.

Please send **FOUR** copies of your addendum to your CMS Regional Nurse/Administrative Office consultant as soon as possible but no later than November 15, 1999.

If you have any questions regarding these guidelines or completion of the budgets, please contact your regional nurse and/or administrative consultant.

A handwritten signature in black ink that reads "Maridee Gregory MD". The signature is written in a cursive, flowing style.

Maridee A. Gregory, M.D., Chief  
Children's Medical Services Branch

Enclosures

**General Instructions for Memorandum of Understanding (MOU)  
Health Care Program for Children in Foster Care**

Collaboration between child welfare service agencies/probation departments and public health nurses (PHNs) has been successful in creating a more comprehensive system of health service delivery to children in out-of-home placement. The goal of the PHN in child welfare agencies is to promote and facilitate access to appropriate health care services for children in out-of-home placement. The child's social worker/probation officer is ultimately responsible for addressing the child's educational, emotional, developmental and health care needs. Close collaboration between the PHNs and the child's social worker/probation officer, working as members of a team to promote the health and well-being of the child, is essential for all personnel charged with protecting the child in foster care.

Please prepare a MOU which delineates the roles and responsibilities of the PHN, Social Worker, and Probation Officer for implementation of the Health Care Program for Children in Foster Care. The MOU must be developed jointly by health, welfare, and probation departments in each county and submitted prior to fiscal year 2000-2001. A model MOU is enclosed and reflects suggested areas of responsibilities between the agencies named. The MOU developed by each county should reflect the health care needs of the foster care population, the staffing resources available, and the implementation priorities.

The activities of the PHNs funded through the Health Care for Children in Foster Care Program are limited to those administrative functions that are eligible for federal matching funds through the Medicaid (Title XIX) program.

The MOU must be signed and submitted to the Department of Social Services, Foster Care Branch, Placement Resources Unit, 744 P Street, MS 19-70, Sacramento, CA 95814, and the Department of Health Services, Children's Medical Services Branch, prior to June 30, 2000.



# Memoranda of Understanding

## SUGGESTED AREAS OF RESPONSIBILITY FOR CHILD HEALTH AND DISABILITY PREVENTION (CHDP) PUBLIC HEALTH NURSES (PHNs) AND CHILD WELFARE SERVICES (CWS) AGENCY SOCIAL WORKERS AND PROBATION OFFICERS IN THE HEALTH CARE PROGRAM FOR CHILDREN IN FOSTER CARE

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
Location	PHN will be located in the CWS agency with accessibility to all team members	PHN will be located in the CWS agency with accessibility to all team members servicing children in foster care, including any PHNs currently working in CWS.
Supervision	PHN will be supervised by supervising PHN in the local CHDP program with input from CWS agency staff.	CWS agency/Supervising Probation Officer will provide input to the supervising PHN.
Accessing Resources	<p>PHN will identify health care providers in the community.</p> <p>PHN will evaluate the adequacy, accessibility and availability of the referral network for health care services and collaborate with CHDP staff to identify and recruit additional qualified providers.</p> <p>PHN will serve as a resource to facilitate (e.g., assist in scheduling appointments, arranging transportation, etc.) referrals to early intervention providers, specialty providers, dentists, mental health providers, CCS and other community programs.</p> <p>PHN will assist PHNs in the child's county of residence to identify and access resources to address the health care needs of children placed out of county.</p>	<p>CWS agency Social Worker/Probation Officer will work with PHN to ensure that all children in foster care are referred for health services appropriate to age and health status on a timely basis.</p> <p>CWS agency Social Worker/Probation Officer will work with the substitute care provider (SCP) and the PHN to identify an appropriate health care provider for the child.</p> <p>CWS agency Social Worker/Probation Officer will work with the PHN to ensure that children placed out of county have access to health services appropriate to age and health status.</p>

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<b>Health Care Planning and Coordination</b>	<p>PHN will interpret health care reports for social worker/probation officers and others as needed.</p> <p>PHN will develop a health plan for each child expected to remain in foster care.</p> <p>PHN will work with substitute care provider to ensure that the child's Health and Education Passport or its equivalent is updated.</p> <p>PHN will assist substitute care providers in obtaining timely comprehensive assessments.</p> <p>PHN will expedite timely referrals for medical, dental, developmental, and mental health services.</p> <p>PHN will assist social worker/probation officer in obtaining additional services necessary to educate and/or support the foster caregiver in providing for the special health care needs, including but not limited to Early and Periodic Screening, Diagnosis, and Treatment Supplemental Services (EPSDT-SS).</p> <p>PHN will obtain and provide health care documentation when necessary to support the request for health care services.</p> <p>PHN will collaborate with social worker/probation officer, biological parent when possible and substitute care provider to ensure that necessary medical/health care information is available to those persons responsible for providing health care for the child, including a copy of the Health Education Passport (HEP) to the Substitute Care Provider (SCP).</p> <p>PHN will assist social worker/probation officer to assess the suitability of the foster care placement in light of the health care needs of the child.</p> <p>PHN will collaborate with the social worker/probation officer and SCP to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</p> <p>PHN will review child's health plan with social worker/probation officer as needed and at least every six months.</p>	<p>Child's Social Worker/Probation Officer will collaborate with PHN to develop a health plan which identifies the health care needs and service priorities for each child expected to remain in foster care for 6 months of longer.</p> <p>Social Worker/Probation Officer or designee will incorporate health plan into child's case record.</p> <p>Social Worker/Probation Officer will assemble and provide health care documentation to the court when necessary to support the request for health care services.</p> <p>Social Worker/Probation Officer will collaborate to complete and keep current the child's Health and Education Passport or its equivalent and provide a copy of the HEP to the SCP.</p> <p>Social Worker/Probation Officer will consult with the PHN to assess the suitability of the foster care placement in light of the health care needs of the child.</p> <p>Social Worker/Probation Officer will collaborate with the PHN and SCP to develop a system of tracking and follow-up on changes in the health care status of the child, service needs, effectiveness of services provided, etc.</p> <p>Social Worker/Probation Officer will review child's health plan with PHN at least every six months and before every court hearing relevant information will be incorporated into the HEP and court report.</p>

Service Provided	Local CHDP Responsibilities Foster Care PHN	Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer
<b>Training/ Orientation</b>	<p>PHN will participate in developing and providing educational programs for health care providers to increase community awareness of and interest in the special health care needs of children in foster care.</p> <p>PHN will educate social workers, juvenile court staff, substitute care providers, school nurses and others about the health care needs of children in foster care.</p>	<p>CWS agency staff/Probation Officers will provide input to PHN in developing curriculum for training others about health care needs of children in foster care.</p> <p>CWS agency staff/Probation Officers will collaborate with PHNs in educating juvenile court staff, substitute care providers, and others about the health care needs of children in foster care.</p> <p>CWS agency personnel will arrange for PHN access to the Child Welfare Services/Case Management System (CWS /CMS) system and provide training in its use.</p>
<b>Policy /Procedure Development</b>	<p>PHN will participate in multi-disciplinary meetings for review of health-related issues.</p>	<p>CWS agency staff/Probation Officers will include the PHN in team meetings and provide orientation to social services and consultation on CWS/CMS.</p>
<b>Transition from Foster Care</b>	<p>PHN will provide assistance to the Social Worker/Probation Officer and the child leaving foster care on the availability of options of health care coverage and community resources to meet the health care needs upon emancipation.</p>	<p>CWS agency staff/Probation Officers will collaborate with PHN to assure person leaving foster care supervision is aware and connected to resources for independent living.</p>

<b>Service Provided</b>	<b>Local CHDP Responsibilities Foster Care PHN</b>	<b>Local Child Welfare Service Agency Responsibilities Social Worker/Probation Officer</b>
<b>Quality Assurance</b>	<p>PHN will conduct joint reviews of case records for documentation of health care services with CWS agency/Probation Department.</p> <p>PHN will work with CWS agency/Probation Department to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team</p> <p>PHN will establish baseline data for evaluating health care services provided to children in foster care.</p>	<p>CWS agency staff/Probation Officers will conduct joint reviews of case records for documentation of health care services</p> <p>CWS agency/Probation Department will work with PHN to develop a plan for evaluating the process and impact of the addition of the PHN component to the foster care team.</p> <p>CWS agency/Probation Officers will collaborate and assist PHN in gathering data.</p>

**MEMORANDUM OF UNDERSTANDING**  
**Health Care Program for Children In Foster Care**

This Memorandum of Understanding is in effect from July 1, 2000, through June 30, 2001 unless revised by mutual agreement. In the event that changes in federal or state requirements impact the current Memoranda of Understanding, the local health department, and social services department agree to renegotiate the pertinent section within 90 days of receiving new instructions from the State.

\_\_\_\_\_  
Child Health and Disability Prevention Program Director

\_\_\_\_\_  
County Social Services Department Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Probation Department Director

\_\_\_\_\_  
Date

**Health Care Program for Children in Foster Care  
Letter of Agreement**

The State Budget Act of 1999 appropriated State General Funds to the California Department of Social Services for increasing public health nurses (PHNs) time to meet the health care needs of children in foster care. These funds are being transferred to the Department of Health Services for distribution through the State Child Health and Disability Prevention (CHDP) Program to the local CHDP program in the form of a budget augmentation.

These funds are available based on the following terms of agreement:

- The local CHDP program agrees to provide program oversight of the activities of the PHNs.
- The Child Welfare Service (CWS) agency will provide workspace for the PHN among CWS agency staff.
- The CWS agency and probation departments agree to designate a liaison to assist in the implementation of the Health Care Program for Children in Foster Care.
- The CWS agency, Probation Department, and the CHDP program agree to work collaboratively in the development of a Memorandum of Understanding (MOU) which must be submitted prior to Fiscal Year 2000-2001.
- The activities of the PHNs funded through the Health Care for Children in Foster Care Program are limited to those administrative functions that are eligible for federal matching funds through the Medicaid (Title XIX) program.

\_\_\_\_\_  
Child Health and Disability Prevention Program Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Social Services Department Director and/or  
County Child Welfare Agency Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Probation Department Director

\_\_\_\_\_  
Date

## **Health Care Program for Children in Foster Care**

### **General Instructions for Completing Scope of Work**

Enclosed is a detailed scope of work (SOW) that includes the goals, objectives, and types of activities that must be addressed in implementing the Health Care Program for Children in Foster Care (HCPCFC) in each local health jurisdiction (LHJ). The model SOW was developed jointly by staff from the Department of Health Services' (DHS) Children's Medical Services Branch and the Department of Social Services (DSS) Foster Care Branch. Although it focuses on the role of the Public Health Nurse (PHN) funded through the HCPCFC (the Foster Care [FC]-PHN), the goals and objectives of the program are common to the health, welfare, and probation departments and cannot be implemented without close collaboration and cooperation among this multi-disciplinary, inter-departmental team.

The DHS and DSS recognize that each LHJ will face different issues in implementing the HCPCFC and that these variations will require flexibility in prioritizing activities, negotiating roles and responsibilities, developing policies and procedures, and establishing timelines. In most LHJs, the additional funding available will not be sufficient to provide a staffing ratio which would support the FC-PHN responsibilities outlined for every child in foster care. While the program goals and objectives are consistent for all LHJs, the specific activities may vary depending on local circumstances. Priorities for utilization of FC-PHN time must be negotiated at the local level between the Child Health and Disability Prevention (CHDP) program, the social services agency, and the probation department. In every instance, however, activities MUST BE LIMITED to those administrative functions which are eligible for federal matching funds through the Medicaid (Title XIX) program.

The enclosed SOW is intended to provide direction and serve as a model for the LHJ in developing the FC-PHN role and the interdepartmental MOU. The local CHDP program is not required to submit a county-specific SOW with the budget for the first six months of implementation, i.e., from January 1, 2000 – June 30, 2000. A SOW for Fiscal Year (FY) 2000-2001, incorporating the stated HCPCFC goals and objectives but reflecting the PHN role and activities specific to the local CHDP program, must be completed and submitted with the signed MOU and FY 2000-2001 budget.

**Children's Medical Services Branch**  
**Health Care Program for Children in Foster Care**  
*Scope of Work*

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- Goals:**
- I. The health care needs of each child in protective services custody will be identified and addressed by qualified professionals in a timely manner.
  - II. A comprehensive plan of health care will be developed, documented, and routinely updated in the case record of each child in foster care.
  - III. A pool of qualified providers will be available to provide needed health care services to each child in foster care on a timely basis.
  - IV. The child's case record will include the information needed to determine the health needs and health status of the child throughout his or her time in foster care.

#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
1.	I	Information regarding the health status and health care needs of each child in foster care will be documented in the child's case record, Health Education Passport (HEP) or its equivalent.	<ol style="list-style-type: none"> <li>1. The Foster Care PHN will identify and obtain available health information for the child and use this to prioritize the child's immediate and ongoing health care needs.</li> <li>a) When possible, the PHN will conduct intake interviews with the child's family/caregivers when the child is first removed from the home to obtain information on the child's current health status, health care needs, and current care providers.</li> <li>b) The PHN will gather and/or interpret information from parents, substitute care providers (SCP), health care providers, schools, and other sources regarding the child's health history and/or current health care needs.</li> <li>c) The PHN will schedule and otherwise arrange for the initial comprehensive health screening examination (a CHDP exam or its equivalent) within 30 days of the child's entry into foster care.</li> <li>d) The PHN will interpret the results of the CHDP exam (or its equivalent) and schedule or otherwise arrange additional assessment, diagnostic, or treatment services when indicated, including dental,</li> </ol>	1/2000	6/30/00	<p>The child's health status and health care needs at the time he/she is removed from the home will be documented in the child's case record.</p> <p>A HEP will be initiated and include information on the child's health history when available.</p> <p>Within 14 days of the child's entry into foster care, an appointment for an initial health screening will be scheduled and documented in the child's case record.</p> <p>Within 30 days of entry into foster care, the child will have received a comprehensive health screening and the results of that</p>

**Definitions /Abbreviations: 10/20/99**

- Child in Foster Care:** A court dependent placed with a relative, foster family, foster agency, or group home, or a ward of the court placed in foster care whose placement is funded by AFDC-FC funds.
- Health care needs:** The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.
- Health Plan (HP):** A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.
- HEP:** The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.
- SCP:** The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.



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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
2.	II	A health plan will be developed and included in the case record of children placed in foster care, including probation youth.	<p>mental health and developmental assessments.</p> <ol style="list-style-type: none"> <li>1) The PHN will collaborate with the child's social worker/P.O. to develop a health plan for the child that identifies, and prioritizes, the services necessary to further assess or address the child's health care needs.</li> <li>2) In collaboration with the social worker/P.O., the PHN will incorporate input from the child's family (when available) and/or SCP and health care providers into the child's health plan on an ongoing basis.</li> <li>3) The PHN will collaborate with the social worker/P.O. to implement the health care services recommended for the child.</li> </ol>			<p>examination will be documented in the child's case record.*</p> <p>Initial appointments for all necessary health care services identified through the health screening will be scheduled and documented in the case record within 30 days of the comprehensive health screening.</p> <p>A health plan which incorporates the results of the comprehensive health screen and any additional health information available will be documented in the child's case record within 30 days of the child's initial health screening.</p> <p>Information on the child's current health status and anticipated needs for health care services will be documented in a health plan and included in the child's case record.</p>

\* DSS requirement

**Definitions /Abbreviations:** 10/20/99

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**Health care needs:** The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

**Health Plan (HP):** A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

**HEP:** The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

**SCP:** The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.

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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
3.	II	The needed health care services identified in the initial health screen will be included in the child's health plan and completed within 60 days of the initial screen.**	<ol style="list-style-type: none"> <li>1) The PHN will collaborate with (other) CHDP program staff to identify providers in the community qualified and willing to provide the necessary health care services.</li> <li>2) If requested, the PHN will assemble and provide documentation to the court when necessary for the social worker/P.O. to support the request for health care services.</li> <li>3) The PHN will schedule and otherwise arrange health care appointments for the child as necessary to ensure timely services.</li> <li>4) For children in foster care placed out of the county of residence, the PHN will work with the foster care PHN in the county of placement to locate and arrange for needed health care services.</li> <li>5) The PHN will collaborate with the social worker/P.O. and the SCP to provide necessary health care information to all persons involved in the child's care.</li> <li>a) The PHN will work with the social worker/PO to ensure that the SCP receives a copy of the HEP, and that the HEP follows the child when the child changes placement.</li> </ol>			<p>Necessary health care services will have been received within 60 days of the initial health screening and be documented in the child's case record.**</p> <p>The CMS/CWS record will show that efforts are being made to attain or maintain preventive and treatment health care services appropriate to his/her age and health status.</p> <p>A PHN contact in the originating and placement county (where applicable) for each child in foster care will be documented in the child's case record.</p> <p>All information necessary to provide appropriate health care for the child as well as a record of services provided while the child is in placement will be included in the Health and Education Passport.</p>

\*\* EPSDT requirement

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Health care needs: The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

Health Plan (HP): A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

HEP: The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

SCP: The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.

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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
			<p>b) The PHN will work with the SCP to keep the child's HEP current to reflect pertinent health history and services provided since the child's entry into foster care.</p> <p>c) The PHN will work with the social worker, P.O., and SCP to establish an appropriate, consistent, and convenient source of primary care that will serve as the child's "medical home" for periodic and episodic care</p> <p>6) The PHN will assist the social worker/P.O. to select, when applicable, a long-term SCP appropriate to the health care needs of the child.</p> <p>7) The PHN will work with the health care provider and the social worker/P.O. to assist the SCP to understand the child's health care needs and to receive the training necessary to provide appropriate care.</p> <p>8) When necessary, the PHN will attempt to secure the additional services necessary to support the SCP in providing for the child's health care needs, including but not limited to EPSDT-SS.</p> <p>9) The PHN will facilitate referrals to the California Children Services (CCS) program when appropriate.</p>			<p>The name of a primary care provider--preferably a CHDP provider--who will serve as a consistent source of primary care for the child while s/he remains in placement will be documented in the child's case record.</p> <p>Referrals for, and receipt of necessary services for children with special health care needs will be documented in the case record.</p>

**Definitions /Abbreviations: 10/20/99**

**Child in Foster Care:** A court dependent placed with a relative, foster family, foster agency, or group home, or a ward of the court placed in foster care whose placement is funded by AFDC-FC funds.

**Health care needs:** The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

**Health Plan (HP):** A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

**HEP:** The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

**SCP:** The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.

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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
4.	II	The health plan of children in foster care will be reviewed and updated on a regular basis, and kept current with each health care occurrence.	<ol style="list-style-type: none"> <li>1) The PHN will collaborate with the social worker/P.O. to develop and/or maintain a system for tracking and follow-up on changes in the health care status of the child, services needs, effectiveness of services provided, etc.</li> <li>2) The child's health plan will be reviewed by the PHN, the child's social worker/P.O., and the SCP and updated as necessary to keep current with the child's health care needs.</li> <li>3) The PHN will collaborate with the social worker/P.O. to determine the need for, and to secure additional health care services as necessary.</li> </ol>			<p>Written reports from all providers of court ordered health care services will be included in the child's case record.</p> <p>Health care provider recommendations will be reflected and incorporated into the child's health plan to the extent possible.</p> <p>A review and update to the child's health plan will be documented at least every 6 months.</p> <p>The date and type of services requested, initiated, and completed will be documented in the case record.</p>
5.	III	The network of providers qualified and willing to accept a referral of a child in foster care for services will be sufficient to ensure that assessment and/or treatment services are available within 30 days of the referral.	<ol style="list-style-type: none"> <li>1) The PHN will collaborate with local CHDP program staff in evaluating the adequacy of the referral network including the number and qualifications of CHDP and CCS providers of primary and specialty health care, pediatric dentists, and mental health professionals qualified to care for children and adolescents.</li> <li>2) The PHN will collaborate with other staff in CMS, County Mental Health, etc., to identify and recruit additional qualified providers willing to care for children in foster care.</li> <li>3) The PHN will participate in the development and</li> </ol>			<p>A current provider list will be available.</p> <p>Educational programs will be documented,</p>

**Definitions /Abbreviations: 10/20/99**

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**Health care needs:** The preventive and treatment services needed to ensure that the child's physical, behavioral, dental and developmental health is maintained at the optimum level possible for the child.

**Health Plan (HP):** A documented plan describing the health services, including dental, required to meet the unique health and mental health needs of the child. This should incorporate information from the child's health history, screenings, assessments, etc. and be included as an integral part of the child's case plan.

**HEP:** The Health Education Passport which includes information pertaining to the child's health history and is documented in the CWS/CMS record.

**SCP:** The Substitute Care Provider is the person, family, or group home with whom the child is placed upon removal from his/her home.

**Children's Medical Services Branch**  
Health Care Program for Children in Foster Care  
*Scope of Work*

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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
6.		A quality assurance/quality improvement (QA/QI) plan to evaluate and modify (as necessary) the operation of the Health Care Program for Children in Foster Care will be implemented.	<p>provision of educational programs for health care providers to increase awareness of and interest in the health care needs of children in foster care.</p> <ol style="list-style-type: none"> <li>1) The PHN will collaborate with County/City PHN and Child Welfare Services Foster Care staff to develop and implement a quality assurance/quality improvement plan for the Health Care for Children in Foster Care program.</li> <li>2) QA/QI activities may include review and analysis of case records including data such as: <ol style="list-style-type: none"> <li>a) Inclusion of health plan and health status information in child's case record/HEP.</li> <li>b) Time elapsed between when assessment or treatment service recommended or court ordered and when initiated and/or completed.</li> <li>c) Inclusion of health status information and related recommendations in social worker/P.O. court reports when relevant and/or required by statute or regulation.</li> <li>d) Number of Health Education Passports issued to and/or kept complete by SCPs.</li> <li>e) Numbers of CHDP/CCS providers providing care to foster care children in the county.</li> </ol> </li> </ol>			<p>including course outline, list of attendees, and course evaluations.</p> <p>Systems, procedures, and protocols have been developed or modified to assure the QA/QI findings are implemented</p> <p>Timeframes specified in applicable statutes and regulations will be met.</p> <p>The number of HEPs issued will increase, and data included will be up-to-date.</p> <p>The pool of qualified providers serving</p>

**Definitions /Abbreviations: 10/21/99**

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**Children's Medical Services Branch**  
**Health Care Program for Children in Foster Care**  
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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
7.	I	Education and technical assistance will be provided to social workers/P.O.s, juvenile court staff and SCPs in all California counties.	<p>f) Time elapsed between attempt to schedule health appointment and first available opening by type of service (health screen, specialty care, etc.)</p> <p>2) The local CHDP program will maintain documentation of the date of record review, report of the findings, and recommendations for modifying the implementation of the Health Care Program for Children in Foster Care.</p> <p>1) The Foster Care PHN supervisor or designee will collaborate with State CMS staff and State and local CWS/probation department staff to design, arrange, and/or conduct educational programs for social worker/P.O.s, judges, SCPs, and others to provide additional training regarding the health care needs of the child, and recognition of actual or potential health problems.</p> <p>a) Educational programs for social worker/P.O.s may include training intake workers to recognize health conditions or injuries requiring immediate medical attention; importance of ongoing preventive care and early intervention; development of an individualized health care plan for the child; ongoing evaluation and planning for child's health care needs including "family-centered" planning, etc.</p> <p>b) Training programs for juvenile court (judges, attorneys, advocates) will be optional and may focus on importance of early and ongoing assessment of</p>			<p>children in foster care will be sufficient to ensure that necessary health care services can be accessed in a timely manner.</p> <p>Educational programs offered including course outline, lists of attendees, and course evaluations, will be documented in the PHN training log.</p> <p>Number of social worker/P.O.s, judges, and foster care providers who have participated in educational program will be documented.</p> <p>The number and nature of trainings provided and/or requests for training and/or technical assistance will be documented in the PHN training log.</p>

**Definitions /Abbreviations: 10/20/99**

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**Children's Medical Services Branch**  
**Health Care Program for Children in Foster Care**  
*Scope of Work*

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#	Relates to Which Foster Care Program Goal(s) (I-IV)	Measurable Objective	Activities to Achieve Objective	From Mo./Yr.	To Mo./Yr.	Evaluation Measures/ Outcome Indicators
8.		PHNs working in the Health Care Program for Children in Foster Care will collaborate with colleagues in other counties/cities to expand and share strategies for addressing the health care needs of the population of children in foster care.	<p>child's health status including nutritional, physical, dental, mental health and developmental needs; the individualized health care plan; medications, including psychotherapeutic agents; referral health resources in the community; and, other topics of specific interest and relevance.</p> <p>c) Training for SCPs address the HEP and the importance of ongoing preventive care, early intervention and treatment, choosing a "Medical Home" for the child, and the role/responsibility of the Foster Care "Team" in sharing and protecting information re: the child's health needs and status.</p> <p>1) The FC/PHN supervisor (s) or designee(s) will attend regional meetings and training programs to identify strengths, barriers, and strategies for effectively addressing the health care needs of children in foster care.</p> <p>2) The FC/PHN supervisor(s) or designee(s) will participate in designing an evaluation to address impact of the PHN role on health outcomes for children in foster care.</p>			<p>Attendance and issues/actions at regional meetings will be documented.</p> <p>PHNs will implement and document their role in evaluation.</p>

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## Allocation of State Dollars for Health Care Program for Children in Foster Care

January 1 through June 30, 2000

Using Out-of-Home Caseload by Placement County and Children Placed from Other Counties\*

County or City	No. of Children Supervised by County	No. of Children from Other Counties	Total No. of Children (Col. 1 + Col. 2)	Allocation of State Dollars
Alameda***	4,601	767	5,175***	99,450
Alpine**	10	5	15	1,250
Amador**	26	17	43	2,500
Berkeley			193	3,709
Butte	761	221	982	18,871
Calaveras	102	107	209	4,016
Colusa**	16	12	28	1,250
Contra Costa	2,296	699	2,995	57,556
Del Norte	144	5	149	2,863
El Dorado	263	211	474	9,109
Fresno	3,446	382	3,828	73,564
Glenn	97	45	142	2,729
Humboldt	312	40	352	6,765
Imperial	354	105	459	8,821
Inyo**	40	10	50	2,500
Kern	2,665	195	2,860	54,962
Kings	238	47	285	5,477
Lake	182	31	213	4,093
Lassen	90	61	151	2,902
Long Beach			2,284	43,892
Los Angeles***	49,876	1,236	48,077***	923,913
Madera	224	148	372	7,149
Marin	191	161	352	6,765
Mariposa**	42	31	73	2,500
Mendocino	415	126	541	10,397
Merced	365	135	500	9,609
Modoc**	50	22	72	2,500
Mono**	9	2	11	1,250
Monterey	536	118	654	12,568
Napa	182	171	353	6,784

\*CWS/CMS #9907231, Data Analysis and Publications, California Department of Social Services

\*\*Counties with minimum allocation

\*\*\*Adjusted for local health jurisdictions

Prepared by the Department of Health Services



<b>County or City</b>	<b>No. of Children Supervised by County</b>	<b>No. of Children from Other Counties</b>	<b>Total No. of Children (Col. 1 + Col. 2)</b>	<b>Allocation of State Dollars</b>
Nevada	124	94	218	4,189
Orange	4,185	661	4,846	93,127
Pasadena			751	14,432
Placer	515	207	722	13,875
Plumas**	34	40	74	2,500
Riverside	4,837	2,220	7,057	135,617
Sacramento	6,492	834	7,326	140,786
San Benito**	74	52	126	2,500
San Bernardino	5,574	2,734	8,308	159,658
San Diego	7,086	327	7,413	142,458
San Francisco	2,851	223	3,074	59,074
San Joaquin	1,670	533	2,203	42,336
San Luis Obispo	548	65	613	11,780
San Mateo	671	325	996	19,140
Santa Barbara	458	194	652	12,530
Santa Clara	3,058	264	3,322	63,840
Santa Cruz	351	166	517	9,935
Shasta	568	307	875	16,815
Sierra**	6	3	9	1,250
Siskiyou	201	17	218	4,189
Solano	596	597	1,193	22,926
Sonoma	543	232	775	14,893
Stanislaus	748	503	1,251	24,041
Sutter	242	69	311	5,977
Tehama	194	106	300	5,765
Trinity**	38	11	49	2,500
Tulare	1,500	245	1,745	33,534
Tuolumne	105	30	135	2,594
Ventura	744	163	907	17,430
Yolo	535	119	654	12,568
Yuba	447	71	518	9,955
<b>Totals</b>	112,528	16,522	129,050	2,480,000

\*CWS/CMS #9907231, Data Analysis and Publications, California Department of Social Services

\*\*Counties with minimum allocation

\*\*\*Adjusted for local health jurisdictions

Prepared by the Department of Health Services

**FOSTER CARE PUBLIC HEALTH NURSE (FC-PHN) BUDGET  
INFORMATION AND STAFF AUGMENTATION GUIDELINES**

---

**I. General Information**

- A.** The FC-PHN is responsible for the provision of health care coordination for children in foster care receiving Medi-Cal and under the supervision of the child welfare or probation agency. The PHN is to ensure that children have timely and appropriate health care services. Funds are made available through the FC-PHN Budget in the CHDP Program.
- B.** The goal of funding PHNs is to provide public health nursing expertise in meeting health care needs of children in foster care. The PHNs providing services to children in foster care under this funding allocation are to be hired, funded, and supervised by staff in the local health department CHDP Program and physically located at local county welfare offices.
- C.** These funds are not to supplant any PHN positions currently providing services children unless the PHN to child ratio is less than 1:200. This funding is to be used to enhance any existing services being provided by PHNs. These funds can be matched through the federal Medicaid program as administrative activities in support of Medicaid (Medi-Cal in California) beneficiaries and, therefore, must be used for activities that are based on administrative case management functions.
- D.** The personnel in the FC-PHN Budget is limited to health care professional staff who can perform the duties listed in II. Staff must meet the federal definition of Skilled Professional Medical Personnel (SPMP) as found in Section 10, Federal Financial Participation (FFP) of the CMS Plan and Fiscal Guidelines Manual. One supervising PHN may be requested to provide nursing supervision at a ratio of 1 supervising PHN Full Time Equivalent (FTE) to 15 PHN FTEs.
- E.** Operating expenses to support the SPMP are limited to travel and training. Space, and computer access when feasible, will be provided by the child welfare agency.
- F.** Administrative costs for the FC-PHN budget including indirect and direct costs are capped at ten percent of the total cost of the personnel on the budget. The total costs in the FC-PHN budget are not to exceed the amount allocated to the CHDP program for implementation of the Health Care Program for Children in Foster Care.
- G.** Invoicing for this program should be in accordance with the instructions in the CMS Plan and Fiscal Guidelines Manual, Section 900. Invoicing should be completed using the enclosed expenditure claim form.

- H.** Duty statements and civil service classifications for all personnel budgeted to the program are to be submitted with the budget. Include in the duty statements:
1. Position title; and
  2. Incumbent names (if available); and
  3. Civil service classification; and
  4. Percent FTE in FC-PHN program; and
  5. Actual job duties appropriate to the FC-PHN program with an estimated percentage of time allocated to each activity. See sample in Enclosure 5a.
- I.** The funds for implementing the Health Care Program for Children in Foster Care are contingent upon having a signed letter of agreement which will require collaboration between the local CHDP program, the local county welfare services agency and probation department.
- J.** Important points of interface between the Health Care Program for Children in Foster Care and the social services department must be displayed in an organizational chart and submitted with the budget. The chart should indicate the following:
1. Relationship between administrative staff of the foster care unit and the social services department.
  2. Health system interrelationships.
  3. Social services systems interrelationships.
  4. Social services system relationship to probation departments, licensed adoption agencies, placement agencies.
  5. Relationship of foster care unit to department named in number 4. above.
  6. Reporting channel of foster care unit to CHDP director.
  7. Designate by name, title, and location (address), liaison personnel from departments of social services and health services.

**II. Requirements for PHN Positions in Health Care Program for Children in Foster Care**

- A.** PHNs implementing the Health Care Program for Children in Foster Care are to be located on site at the child welfare services agency. The PHNs' time funded through this budget is to be dedicated to administrative activities in support of serving children in foster care. PHNs are to collaborate with the child's social worker/probation officer to plan and coordinate health care services for children in foster care according to the expectations outlined in the Scope of Work. PHNs are to develop, with the social worker/probation officer, a health plan that can be located in the case record for the child.
- B.** PHN responsibilities for implementing the Health Care for Children in Foster Care Program require the knowledge and skills of a PHN. PHNs need knowledge and experience in primary and secondary care in order to assure children in foster care obtain necessary health care services. The

PHN serves as a team member with social workers; biological and substitute care providers, and health care providers. The PHN maintains an understanding of various diagnoses of children in foster care and how health care programs interface with the health care needs of children. The PHN collaborates with a multi-disciplinary team of health care professionals, community providers and agencies, and understands the principles of child health promotion and nursing care of children with special needs.

- C.** PHNs are members of a team. PHNs provides assistance to PHNs in other counties by locating and advocating for children placed in the county. PHNs collaborate with the CHDP program to evaluate the effects of the PHN role in improving the health care of children in foster care.

**FOSTER CARE PHN ADMINISTRATIVE BUDGET JUSTIFICATION  
WORKSHEET INSTRUCTIONS (STATE/FEDERAL MATCH)**

---

**I. PERSONNEL EXPENSE**

In this section, list as a separate line item each funded position by incumbent name (if available) and classification. For each line item complete the following columns:

**1A. % or FTE:** Enter the annualized FTE in Column 1A, i.e., percentage of time to be spent on program activities during the budget fiscal year for each position listed in "Personnel Expense" section.

**Formula:** Time base multiplied by number of months to be worked in fiscal year divided by number of months in year equals FTE.

**Example:** Employee works one day per week (1/5 time) for six months out of 12 months (6/12); Formula:  $1/5 \times 6/12 = 6/60 = 1/10$  - FTE or .10.

**Note:** The totals of Columns 2A plus 3A must equal the total of Column 1A. The totals of Columns 2 plus 3 must equal the total of Column 1.

**Annual Salary:** Enter in Column 1B, the annual full time salary for each position listed in the "Personnel Expense" section.

**1. Total Budget**

- Multiply each entry in the column entitled, "% FTE" (Column 1A), by the corresponding entry in column entitled, "Annual Salary" (Column 1B), and
- Enter the amount in Column 1 "Total Budget." (Column 2 plus 3 must equal this amount.)

**Percentage of FTE/Enhanced (25/75)**

- Enter in Column 2A, the portion of annualized FTE to be spent on eligible enhanced program activities for each position listed.
- Multiply the Annual Salary (Column 1B) by the FTE (column 2A), and
- Enter the amount in Column 2, Enhanced.

### **3/3A. Percentage of FTE/Nonenhanced**

- Enter in Column 3A, the portion of annualized FTE to be spent on eligible nonenhanced program activities for each position listed.
- Multiply the Annual Salary (Column 1B) by the FTE (column 3A), and
- Enter the amount in Column 3, Nonenhanced.

### **Total Salary Wages**

- Add the “Salaries and Wages” amounts itemized in each column (1,2, and 3), and
- Enter the total for each column on this line.

### **Less Salary Savings**

- “Salary Savings” cannot be claimed on this budget.

### **Net Salaries and Wages**

- Re-enter the balance of each column on the line entitled “Net Salaries and Wages”

### **Staff Benefits**

- Multiply the approved county/city staff benefits percentages by the “Net Salaries and Wages” in each column (1,2, and 3) and enter the amount on this line, or
- Enter the actual staff benefits amount as determined by the county/city on this line

### **Total Personnel Expense**

- Add the “Staff Benefits” amounts in each column (1,2, and 3) to the “Net Salaries and Wages” in each column, and
- Enter the total of each column on this line.

## **II. Operating Expense**

- “Operating Expenses” for this budget are limited to travel (includes per diem, commercial auto rental, motor pool, air travel and private vehicle mileage, etc), and
- Training (Includes only the costs for State-required training).

## **III. CAPITAL EXPENSE**

“Capital Expense” cannot be claimed on this budget.

#### **IV. INDIRECT EXPENSE**

**External**---any countrywide overhead costs which have an approved plan on file with the State Controller's Office.

**Internal**---any departmental overhead costs, which are allocated, must be developed with cost allocation plan (CAP) prepared in accordance with federal OASC-10 guidelines.

**Indirect expenses are limited to a maximum of ten percent of the cost of personnel.**

Enter the amounts of External and Internal Indirect Expenses on the appropriate lines in Column 3.

Enter the amounts from Column 3 for each line in Column 1.

**Note:** When calculating indirect expenses for Title XIX funding, apply the nonenhanced (50/50) rate to all qualified expenses in Column 3, regardless of whether personnel expenses are enhanced or nonenhanced.

#### **Total Indirect Expense**

Enter the total for Columns 1 and 3 on this line.

#### **V. Other Expense**

"Other Expense" cannot be claimed on this budget.

#### **Budget Grant Total**

Add the "Total Personnel Expense, and "Total Indirect Expense," lines in each Column (1,2, and 3 ), and

Enter the grand total for each column on this line.

## **FOSTER CARE PHN ADMINISTRATIVE BUDGET SUMMARY INSTRUCTIONS**

---

Transfer totals of all categorical lines from the CHDP Budget Justification Worksheets for “Total Personnel Expense, Operating Expense, and Total Indirect Expense and enter totals on the Foster Care PHN Administrative Budget Form. Compute the amounts in the “Source of Funds” section of the budget as described below.

### **I. SOURCE OF FUNDS (FOSTER CARE PHN)**

#### **A. Enhanced Funds**

Multiply the Enhanced “Budget Grand Total” amount (Column 2) by 25 percent. Enter the amount on the “State Funds” line, enhanced column, in “Source of Funds” section.

Subtract the “State” Funds amount from “Budget Grand Total” Column 2, and enter this amount on the Federal Funds line, Enhanced Column, “Source of Funds” section.

#### **B. Nonenhanced Funds**

Multiply the Nonenhanced “Budget Grand Total” amount (column 3 ) by 50 percent. Enter this amount on the “State Funds” line, Nonenhanced column, in “Source of Funds” section.

Subtract the “State Funds” amount from “Budget Grand Total” amount, and enter this amount on the Federal Funds line, Nonenhanced column, of the “Source of Funds” section.

#### **C. Total Funds**

Total Funds will equal the “enhanced” plus the nonenhanced state funds for the “State Funds” line and the enhanced plus the nonenhanced funds for the “Federal Fund’s” line.

**NOTE:** The sum total of funding amounts entered under each column in the “Source of Funds” section must agree with the totals for the same column entered on the “Budget Grand Total” line.



**Sample CHDP Program Duty Statement  
Health Care Program for Children in Foster Care**

**Program Position Title:** Public Health Nurse

**County Classification:** Public Health Nurse II

**Assignment:** CHDP Program

**Budget:** Foster Care 0.5 FTE (45% enhanced, 5% non-enhanced)

Under the direction of the CHDP Deputy Director and in support of the CHDP Program the half-time PHN II position will perform a variety of public health nursing duties focused on the concepts of health care coordination for children in foster care. The PHN is expected to exercise independent, professional judgment in dealing with the complex needs and problems faced by children in foster care, their families and service providers. Additionally the PHN must have a thorough and detailed knowledge of the laws, regulations, and procedures governing other health programs available to Medi-Cal patients and children in foster care who do not have Medi-Cal. Examples of duties and responsibilities are listed below.

**TIME  
SPENT**

**DUTIES/RESPONSIBILITIES**

50%

**Administrative Medical Case Management**

Provide, monitor and evaluate health care coordination services required by children in foster care.

Use skilled medical professional expertise in the review of health records to identify and prioritize follow-up on needed health care services.

Initiate case management on medical, dental, nutritional, and mental health conditions found during health assessments by contacting substitute care providers and health care providers and when needed assist substitute care providers in developing a plan of follow up.

Monitor a child's treatment progress and advise substitute care providers of the rationale and importance of timely medical intervention.

Participate in case conferences or multi-disciplinary teams to review client health care needs and treatment plans.

Interpret the results of health assessments, medical and dental evaluations, to a social worker, probation officer, provider or professional staff of another agency.

Document time associated with any of the above activities.

**Intra/Interagency Coordination. Collaboration and Administration**

Perform collaborative activities that involve planning and resource development with other agencies that will improve the cost effectiveness of the health care delivery system and improve availability of medical services.

Provide technical assistance to other agencies/programs that interface with the health care needs of children in foster care.

Outreach to professional groups to develop resources for screening, diagnosis, and treatment for children in foster care.

Participate with other CHDP program staff in provider meetings and workshops on issues of health assessment, preventive, and treatment services.

Assist CHDP staff in the development of medical and dental referral resources such as, referral directories, round tables, and advisory group.

**General Administration**

Collaborate with CHDP program staff to develop and implement program administrative policies and fiscal procedures.

Participate in the distribution of program specific information including procedural manuals and brochures.

Review technical literature and research articles.

Draft, analyze, and/or review reports, documents, correspondence, and legislation.

3%

**Skilled Professional Medical Personnel (SPMP) Training**

Attend training provided for or by SPMP relevant to health care services, such as workshops related to the SPMP's performance of allowable administrative activities to include review of health care services.

Participate in program planning and policy development regarding administrative case management.

Facilitate intra/interagency and provider coordination.

Document time directly associated with the performance of the above criteria.

### **SPMP Program Planning and Policy Development**

Provide consultation and technical assistance to social workers/probation officers regarding health care resources and guidance in prioritizing health needs for children in foster care.

Develop and review health-related professional educational material.

Assess and review the capacity of the agency and its providers to deliver appropriate health assessment, treatment and care.

Provide ongoing liaison with health care providers around issues of special health care needs and treatments common to children in foster care.

### **Quality Management**

Perform quality management activities to monitor for completion of program standards and protocols, that include: periodic review of protocols; schedule, coordinate, and conduct chart or case reviews for adequacy of assessment, documentation and appropriate health care intervention.

Schedule, coordinate, and conduct quality assurance activities to evaluate compliance with program standards.

Document time associated with above tasks.

ANYWHERE COUNTY/CITYFISCAL YEAR 1999-00

**CHILDRENS MEDICAL SERVICES  
FOSTER CARE PHN ADMINISTRATIVE BUDGET JUSTIFICATION WORKSHEET**

Page 1 of 2

**(STATE/FEDERAL MATCH)  
STATE FUNDS AND TITLE XIX FEDERAL FUNDS**

COLUMN	1A	1B	1	2A	2	3A	3
CATEGORY / LINE ITEM	% or FTE	Annual Salary	TOTAL BUDGET or 2 + 3)	% or FTE	ENHANCED STATE/FEDERAL	% or FTE	NONENHANCED STATE/FEDERAL
					(25/75) Amount		(50/50) Amount
<b>I. PERSONNEL EXPENSE</b>							
A. Smith PHN 1	100	37,469	37,469	85	35,221	15	2,248
S. Brown PHN 1	100	37,469	37,469	85	35,221	15	2,248
T. Jones PHN 1	100	37,469	37,469	85	35,221	15	
J. Brown PHN 1	100	37,469	37,469	85	35,221	15	
B. Green PHN 1	100	37,469	37,469	85	35,221	15	
R. Black PHN SUP	30	11,240	11,240	85	9,554	15	1,686
Total Salaries and Wages			198,585		185,659		12,926
Less Salary Savings							
Net Salaries and Wages			198,585		185,659		12,926
Staff Benefits ( 30 %)			59,575		55,697		3,877
<b>TOTAL PERSONNEL EXPENSE</b>			258,160		241,356		16,803
<b>II. OPERATING EXPENSE</b>							
Training			2,000		1,500		500
Travel			1,000		700		
<b>TOTAL OPERATING EXPENSE</b>			3,000		2,200		800
<b>Totals for Page 1 of 2</b>			261,160		243,556		17,603

ANYWHERE COUNTY/CITYFISCAL YEAR 1999-00

CHILDREN'S MEDICAL SERVICES  
FOSTER CARE PHN ADMINISTRATIVE BUDGET JUSTIFICATION WORKSHEET

Page 2 of 2

(STATE/FEDERAL MATCH)  
STATE FUNDS and Title XIX FEDERAL FUNDS

COLUMN	1A	1B	1	2A	2	3A	3
			TOTAL BUDGET or 2 + 3)		ENHANCED STATE/FEDERAL (25/75) Amount		NONENHANCED STATE/FEDERAL (50/50) Amount
CATEGORY / LINE ITEM	% or FTE	Annual Salary		% or FTE		% or FTE	
<b>Balance Forward (from Page 1 of 2)</b>			261,160		243,556		17,603
III. CAPITAL EXPENSE							
TOTAL CAPITAL EXPENSE							
IV. INDIRECT EXPENSE							
External			2,000				2,000
Internal			3,759				3,759
TOTAL INDIRECT EXPENSE			5,759				
V. OTHER EXPENSE							
TOTAL OTHER EXPENSE							
<b>BUDGET GRAND TOTAL</b>			266,919		243,556		23,362

ANYWHERE COUNTY/CITYFISCAL YEAR 1990-00

**CHILDREN'S MEDICAL SERVICES  
FOSTER CARE PHN ADMINISTRATIVE BUDGET SUMMARY**

**(STATE/FEDERAL MATCH)  
STATE FUNDS And Title XIX FEDERAL FUNDS**

COLUMN	1	4	5
	TOTAL BUDGET (COLUMNS 2+3)	ENHANCED STATE/FEDERAL (25/75)	NONENHANCED STATE/FEDERAL (50/50)
I. TOTAL PERSONNEL EXPENSE	261,160	241,356	16,803
II. TOTAL OPERATING EXPENSE	3,000	2,200	800
III. TOTAL CAPITAL EXPENSE			
IV. TOTAL INDIRECT EXPENSE	5,759		5,759
V. TOTAL OTHER EXPENSE			
<b>BUDGET GRAND TOTAL</b>	<b>266,919</b>	<b>243,556</b>	<b>23,362</b>

SOURCE OF FUNDS	TOTAL FUNDS	ENHANCED STATE/FEDERAL (25/75)	NONENHANCED STATE/FEDERAL (50/50)
<b>STATE FUNDS</b>	75,570	60,889	11,681
<b>FEDERAL FUNDS (TITLE XIX)</b>	194,348	182,667	11,681

09/01/1999

Date Prepared

Prepared By

(123) 123-4567

COUNTY / CITY \_\_\_\_\_

FISCAL YEAR \_\_\_\_\_

**CHILDRENS MEDICAL SERVICES  
FOSTER CARE PHN ADMINISTRATIVE BUDGET**

Page 1 of 2

**(STATE/FEDERAL MATCH)  
STATE FUNDS AND TITLE XIX FEDERAL FUNDS**

COLUMN	1A	1B	1	2A	2	3A	3
			<b>TOTAL BUDGET or 2 + 3)</b>		<b>ENHANCED STATE/FEDERAL (25/75) Amount</b>		<b>NONENHANCED STATE/FEDERAL (50/50) Amount</b>
CATEGORY / LINE ITEM	% or FTE	Annual Salary		% or FTE		% or FTE	
<b>I. PERSONNEL EXPENSE</b>							
Total Salaries and Wages			0		0		0
Less Salary Savings							
Net Salaries and Wages			0		0		0
Staff Benefits ( %)							
<b>TOTAL PERSONNEL EXPENSE</b>			0		0		0
<b>II. OPERATING EXPENSE</b>							
Training							
Travel							
<b>TOTAL OPERATING EXPENSE</b>							
<b>Totals for Page 1 of 2</b>			0		0		0

COUNTY / CITY

FISCAL YEAR

CHILDRENS MEDICAL SERICES  
FOSTER CARE ADMINISTRATIVE BUDGET JUSTIFICATION WORKSHEET

Page 2 of 2

(STATE/FEDERAL MATCH)  
STATE FUNDS and TITLE XIX FEDERAL FUNDS

COLUMN	1A	1B	1	2A	2	3A	3
	% or FTE	Annual Salary	TOTAL BUDGET or 2 + 3)	% or FTE	ENHANCED STATE/FEDERAL (25/75) Amount	% or FTE	NONENHANCED STATE/FEDERAL (50/50) Amount
Balance Forward (from Page One)							
III. CAPITAL EXPENSE							
TOTAL CAPITAL EXPENSE							
IV. INDIRECT EXPENSE							
External							
Internal							
TOTAL INDIRECT EXPENSE							
V. OTHER EXPENSE							
TOTAL OTHER EXPENSE							
<b>BUDGET GRAND TOTAL</b>							



State of California - Health & Human Services Agency

Department of Health Services

COUNTY/CITY

FISCAL YEAR

CHILDREN'S MEDICAL SERVICES  
FOSTER CARE PHN ADMINISTRATIVE BUDGET SUMMARY

(STATE/FEDERAL MATCH)  
STATE FUNDS And Title XIX FEDERAL FUNDS

COLUMN	1	4	5
	TOTAL BUDGET (COLUMNS 2+3)	ENHANCED STATE/FEDERAL (25/75)	NONENHANCED STATE/FEDERAL (50/50)
I. TOTAL PERSONNEL EXPENSE			
II. TOTAL OPERATING EXPENSE			
III. TOTAL CAPITAL EXPENSE			
IV. TOTAL INDIRECT EXPENSE			
V. TOTAL OTHER EXPENSE			
BUDGET GRAND TOTAL			

SOURCE OF FUNDS	TOTAL FUNDS	ENHANCED STATE/FEDERAL (25/75)	NONENHANCED STATE/FEDERAL (50/50)
STATE FUNDS			
FEDERAL FUNDS (TITLE XIX)			

\_\_\_\_\_  
Date Prepared

\_\_\_\_\_  
Prepared By

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
COUNTY/CITY

FISCAL YEAR \_\_\_\_\_

QUARTER ENDING \_\_\_\_\_  
Month/Day/Year**CHILDREN'S MEDICAL SERVICES****FOSTER CARE PHN QUARTERLY ADMINISTRATIVE EXPENDITURE CLAIM**

(State/Federal Match)

State/Federal Funds and Title XIX Federal Funds

COLUMN		1	2	3
CATEGORY/LINE ITEM		TOTAL EXPENDITURES (COLUMNS 2 + 3)	ENHANCED STATE/FEDERAL (25/75)	NONENHANCED STATE/FEDERAL (50/50)
I.	TOTAL PERSONNEL EXPENSE			
II.	TOTAL OPERATING EXPENSE			
III.	TOTAL CAPITAL EXPENSE			
IV.	TOTAL INDIRECT EXPENSE			
V.	TOTAL OTHER EXPENSE			
	EXPENDITURE GRAND TOTAL			

SOURCE OF FUNDS	TOTAL FUNDS	ENHANCED COUNTY/FEDERAL (25/75)	NONENHANCED COUNTY/FEDERAL (50/50)
STATE FUNDS			
FEDERAL FUNDS (TITLE XIX)			

\_\_\_\_\_  
PREPARED BY\_\_\_\_\_  
DATE PREPARED( )  
\_\_\_\_\_  
TELEPHONE NUMBER

I hereby certify under penalty of perjury that these are actual expenditures (based on county/city records) incurred during the time period specified above, and that they comply with all laws and regulations governing this program.

\_\_\_\_\_  
CHDP Program Director\_\_\_\_\_  
Date\_\_\_\_\_  
CHDP Program Deputy Director\_\_\_\_\_  
Date

**Health Care Program for Children in Foster Care****Baseline Staffing Assessment by Funding Source and Type of Activity*****Instructions for Completion of Form***

The Baseline Staffing Assessment Form will be used to collect baseline data reflecting the number of staff and full-time equivalent (FTE) positions, including public health nurses (PHNs), registered nurses (RNs), licensed vocational nurses (LVNs), and/or support personnel, currently funded to work in or with county child welfare services (CWS) and/or probation department staff to assure that children in foster care receive appropriate health care. Baseline data will be used to determine the current staffing ratio of nursing personnel working in or with the CWS/Probation Foster Care program. In addition, baseline staffing data will be updated when the Health Care Program for Children in Foster Care is fully implemented, and used to reflect one element of the impact of additional funding to counties.

To this end, it is important to capture both the number of staff and FTE positions; whether these positions are funded to provide direct services to children (health assessments, immunizations, etc.) or administrative case management services (assisting children to access appropriate health services); and, the source of current funding (CWS, Child Health and Disability Prevention (CHDP) Program, targeted case management, foundation funding, etc.).

Using the instructions below, please complete the enclosed form and submit it with your Health Care Program for Children in Foster Care scope of work and budget packet by November 15, 1999.

**INSTRUCTIONS:**

1. Identify all nursing staff and support personnel whose current job responsibilities include working with CWS and/or probation department staff to ensure that children in foster care receive appropriate health care services. Include staff who provide direct services to children in foster care, e.g., nurse practitioners, registered nurses, etc.; and, those who provide administrative support, e.g., CHDP program staff who provide administrative case management and support to ensure access to health services for children in foster care. Include only those support personnel whose positions are eligible for federal financial participation (FFP) matching funds as support to nurses providing administrative case management.
2. Determine the number and type of staff (using the general categories PHN, RN/NP, LVN, Support) and FTE positions funded by funding source, e.g., PHNs funded by CWS; with CHDP Program/FFP matching funds; through other public health programs, e.g., targeted case management (TCM) or field nursing; or with other funding sources including foundation or other grants. Enter these numbers in the appropriate column and row.
3. Total the number of staff and FTEs in each column.
4. Submit the completed form, along with any written explanation you feel is necessary, with your Health Care for Children in Foster Care program scope of work and budget by November 15, 1999.

County \_\_\_\_\_

Date \_\_\_\_\_

Health Care Program for Children in Foster Care  
Baseline Staffing Assessment by Funding Source and Type of Activity

Funding Source and Service Type	PHNs		RNs/NPs		LVNs		Support Personnel	
	FTEs	Number	FTEs	Number	FTEs	Number	FTEs	Number
Child Welfare Services								
Direct Service								
Administrative								
Child Health and Disability Prevention (CHDP) Program								
Direct Service								
Administrative								
Other Public Health Programs (eg. TCM, Field)								
Direct Service								
Administrative								
Other Funding (eg. Foundations, grants)								
Direct Service								
Administrative								
Grand Total								